## BEST AVAILABLE COPY

|   | PATENT A                                       | APPLICATIO<br>Effect                      | RD            | 10 CAN 1776 40                |              |                   |              |           |                        |    |                     |                        |
|---|--|---|---------------|-------------------------------|--------------|-------------------|--------------|-----------|------------------------|----|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |               |                               |              |                   | SMAL<br>TYPE | LE        | TITY                   | OR | OTHER               |                        |
| TOTAL CLAIMS  |  |   | 33            |                               |              |                   | RAT          | Ε         | FEE                    | 1  | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED  |                               | NUMBER EXTRA |                   | BASIC        | FEE       | 355.00                 | OR | BASIC FEE           | · 710.00               |
| TOTAL CHARGEABLE CLAIMS   |  |   | 33 minus 20=  |                               | · 13         |                   | X\$ 9=       |           | 117                    | OR | X\$18=              |                        |
| INDEPENDENT CLAIMS  |  |   | \ minus 3 =   |                               | , Q          |                   | X40=         |           |                        | OR | X80=                |                        |
| MULTIPLE DEPENDENT CLAIM P  |  |   | RESENT        |                               |              |                   | +135=        |           |                        |    | .070                |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |               |                               |              |                   |              |           |                        | OR | L                   |                        |
|   |  |   |               |                               |              |                   | TOTAL 472    |           |                        | OR | TOTAL               |                        |
|   |  |   |               |                               |              | (Column 3)        | SMA          | LL I      | ENTITY                 | OR | OTHER<br>SMALL      |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA  | RAT          | Ε         | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDM   | Total  | . 33                                      | Minus         | . 3                           | 33           | =                 | X\$ 9        | )=        |                        | ΘR | X\$18=              |                        |
| ME  | Independent                                    | • /                                       | Minus         | <b></b>                       | 1.           | =                 | X40          | _         |                        | OR | X80=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                               |              |                   | +135         |           |                        | OR | +270=               |                        |
|   |  |   |               |                               |              |                   |              | TAL       |                        |    | TOTAL               |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |               |                               |              |                   |              | FEE       |                        | OR | ADDIT. FEE          |                        |
| AMENDMENT B   | CLAIMS   |   |               | HIGH                          | EST          |                   |              | _         | ADDI-                  | 1  |                     | ADDI-                  |
|   |  | REMAINING<br>AFTER<br>AMENDMENT           |               | PREVIO<br>PAID                | OUSLY        | PRESENT<br>EXTRA  | RAT          | Ε         | TIONAL<br>FEE          |    | RATE                | TIONAL<br>FEE          |
| 5   | Total  | •   | Minus         |                               |              | =                 | X\$ 9        | =         |                        | OR | X\$18=              |                        |
| ME  | Independent                                    | •   | Minus         | ***                           |              | =                 | X40          | _         |                        | OR | X80=                |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                               |              |                   | +135         |           |                        |    |                     |                        |
|   |  |   |               |                               |              |                   |              |           |                        | OR | +270=               |                        |
|   |  |   |               |                               |              |                   | ADDIT. F     | TAL<br>EE |                        | OR | TOTAL<br>ADDIT, FEE |                        |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST   |  |   |               |                               |              |                   |              |           |                        |    |                     |                        |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |               | NUM<br>PREVIO<br>PAID         | BER<br>OUSLY | PRESENT<br>EXTRA  | RAT          | Ε         | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| Ş   | Total  | •   | Minus         | ••                            |              | =                 | X\$ 9        | =         |                        | OR | X\$18=              |                        |
| ME  | Independent                                    |   | Minus         | •••                           |              | =                 | X40:         |           |                        |    | X80=                |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                               |              |                   |              | $\dashv$  |                        | OR |                     |                        |
| 1 M the contests actions at the test than the action to action 0 units 100 in action 0  |  |   |               |                               |              |                   |              |           |                        | OR | +270=               |                        |
| **  | lf the "Highest Nu                             | mber Previously Pr                        | aid For IN TH | IS SPACE                      | s less tha   | n 20, enter "20." | ADDIT, P     | EE        |                        | OR | TOTAL<br>ADDIT. FEE |                        |
| ""If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |               |                               |              |                   |              |           |                        |    |                     |                        |